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CONFIRMATION NO. 3427

<b>SERIAL NUMBER</b> 09/753,448	<b>FILING OR 371(c) DATE</b> 01/04/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 06530.0275	
<b>APPLICANTS</b> Susan I. Shelso, Plymouth, MN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22852					
<b>TITLE</b> Expansion-assisting delivery system for self-expanding stent					
<b>FILING FEE RECEIVED</b> 1632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		